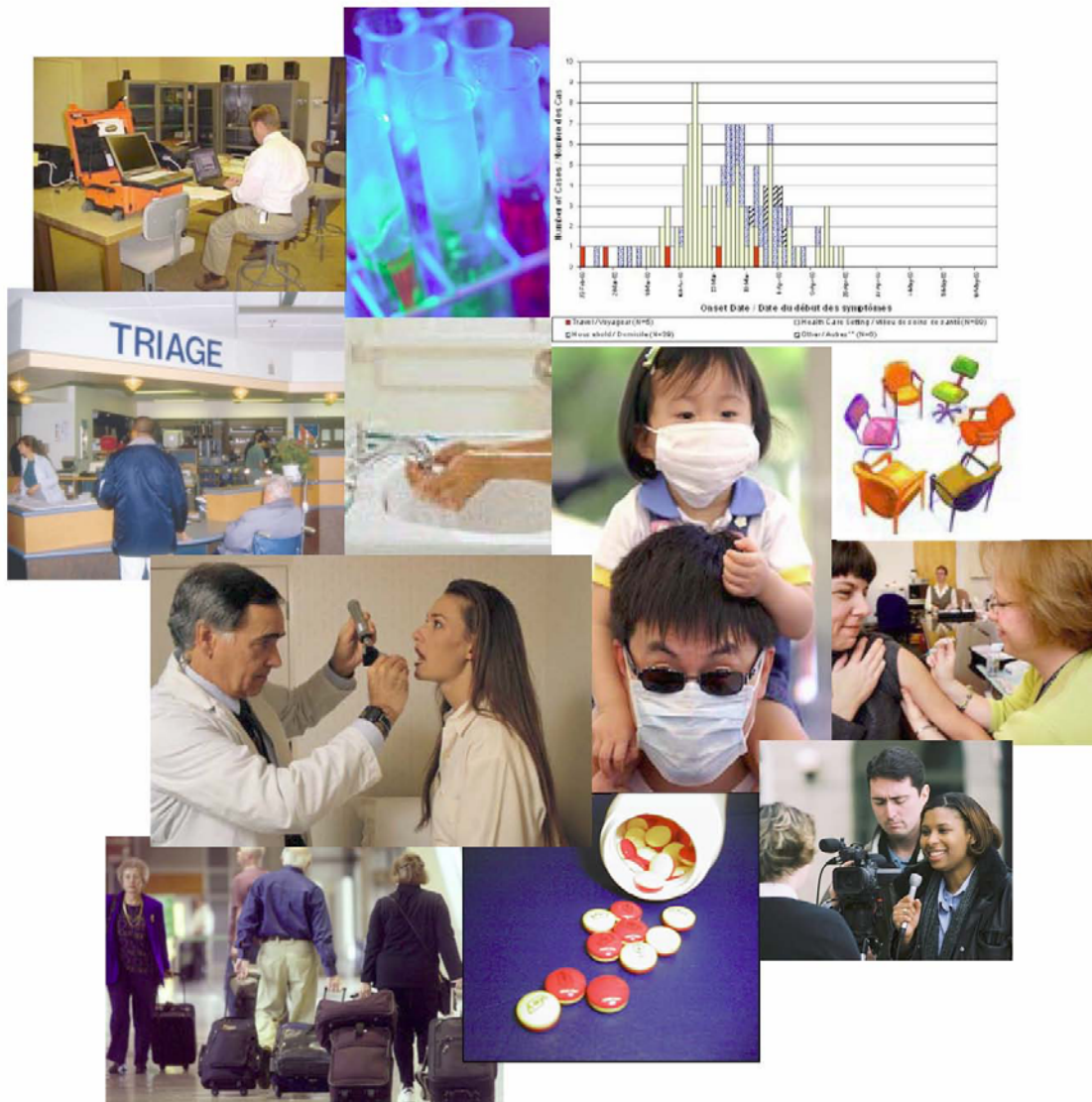


# The Arizona Influenza Pandemic Response Plan



January 2006

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## **PRIMARY AGENCIES**

State: Arizona Department of Health Services (ADHS)  
Federal: Centers for Disease Control and Prevention (CDC)  
International: World Health Organization (WHO)

## **SUPPORT AGENCIES**

State: Arizona Division of Emergency Management (ADEM)  
Office of Attorney General  
Governor's Office  
State Board of Funeral Directors and Embalmers  
Department of Agriculture

County: Health Departments  
County Hospitals  
Emergency Management Departments  
Medical Examiners

Local: Metropolitan Medical Response Systems  
Incorporated Community Governments  
City Emergency Managers

Federal: Federal Emergency Management Agency (FEMA)  
U.S. Public Health Service (USPHS)  
Office of Emergency Preparedness (OEP)  
Centers for Disease Control and Prevention (CDC)  
Indian Health Service (IHS)  
Veterans Administration (VA) Medical Centers  
U.S. Department of Agriculture (USDA)

Private: Local Medical Facilities  
Arizona Chapter of the American Academy of Pediatrics  
Arizona Healthcare and Hospital Association  
Arizona Funeral Directors Association  
Arizona Chapter of American College of Emergency Physicians  
Arizona Medical Association  
Arizona Infectious Disease Society  
Arizona Osteopathic Medical Association  
Arizona Chapter of the Emergency Department Nurses Association  
Arizona Nurses Association  
Association of Practitioners of Infection Control

Volunteer: American Red Cross  
Critical Incident Stress Debriefing – Arizona Chapter  
Arizona Voluntary Organizations Active in Disasters (AzVOAD)  
Salvation Army  
University of Arizona medical/nursing/pharmacist/public health students

## 1.0 EXECUTIVE SUMMARY

It is likely that another influenza pandemic will occur sometime in the future. Arizona needs to be prepared for such an event. To lessen the impact of an influenza pandemic, the State of Arizona has created this Influenza Pandemic Response Plan to promote an effective response throughout the pandemic. The plan was originally crafted in 2000, through a coordinated effort of the Arizona Department of Health Services (ADHS), Arizona Division of Emergency Management (ADEM), local health departments and other partners and stakeholders. It is also an annex to the Arizona State Emergency Response and Recovery Plan (SERRP).

The United States Department of Health and Human Services (HHS) has incorporated the World Health Organization (WHO) Pandemic Planning Periods and Phases into its influenza pandemic response plan. These periods represent different levels of impact on society, based on the progression of a novel influenza virus and its potential to cause a pandemic; therefore, pandemic preparedness requires determining the appropriate capabilities, roles, and responsibilities needed to respond to the different periods. In keeping with the national model, the Arizona Influenza Pandemic Response Plan identifies responsible parties and prescribes necessary actions, based on the WHO/HHS pandemic periods.

While a pandemic response is primarily a public health response, many agencies, organizations, and private institutions will need to work in a coordinated and collaborative manner to ensure an effective overall response in Arizona:

- ADHS is the lead agency for preparedness and response to an influenza pandemic in Arizona.
- Local health departments (including county and tribal health departments) are the critical local response entities and should be the center of gravity for community level planning.
- Emergency management and homeland security agencies will be important for ensuring overall coordination of government resources.
- First responder agencies have important manpower and logistical resources that will be necessary for ensuring the safety of individuals and communities.
- Hospitals and healthcare institutions will be the frontline of a pandemic and are essential planning partners at the local and state level.
- Volunteer agencies are always important partners in emergency response activities.

These entities are addressed in this plan, and are encouraged to develop their own influenza pandemic response plans that coordinate with the Arizona Influenza Pandemic Response Plan.

The heart of the Arizona Influenza Pandemic Response Plan is the Response Activity Supplements. The Response Activity Supplements address the concepts listed below. These Supplements are subject-area specific and provide very detailed planning and response activities. The Response Activity Supplements are subject to change and will be updated with changes in planning assumptions, response capacities, or information on potential pandemic strains and subsequent disease.

*Surveillance and Epidemiology* - Arizona's influenza surveillance system, which monitors influenza activity in the state, will provide the surveillance data needed to guide response efforts during a pandemic.

*Laboratory Diagnostics* - The capability of identifying pandemic influenza viruses depends not only on rapid detection and characterization but also on strong partnerships between clinical and public health laboratories.

*Healthcare Coordination and Surge Capacity* - The healthcare system in Arizona will experience significant strains on its resources during a pandemic; preparedness for which includes surge capacity and mortuary issues.

*Infection Control* - The ability to limit transmission of the influenza virus already exists in the healthcare settings – the appropriate and thorough application of infection control measures.

*Clinical Guidelines* - Early identification and appropriate medical intervention are essential for patients who present with suspect pandemic influenza symptoms.

*Vaccine and Antiviral Distribution and Use* - During a pandemic, vaccines and antivirals may or not be effective or available, will likely be in short supply and will have to be allocated on a priority basis.

*Community and Travel-Related Disease Control* - Public health interventions, such as quarantine and social distancing, will be necessary during a pandemic to slow the transmission of disease in the community.

*Public Health Communications* - Response officials will need to provide accurate and timely coordinated messages to the public leading up to, and during, a pandemic; an informed public is an asset to the overall response.

*Workforce Support* - Response agencies and organizations need to ensure the safety and well being of response personnel to ensure a sustained and effective response.

*Influenza Pandemic Information Management* - Information management is the central nervous system of a complex response system, and a pandemic presents many needs for capturing, analyzing and sharing information.

*Guidance for County and Tribal Health Departments* - This guidance is designed to help spotlight important planning and response activities that are necessary at the local health department level.

Arizona has many facets: an international border, numerous Indian Nations, diverse and rich cultures, a rural vs. urban healthcare divide, a collaborative emergency response structure, and both a strong sense of community and rugged individualism. Understanding and appropriately addressing these facets will allow Arizona to be as prepared as possible for the unthinkable.

## **2.0 INTRODUCTION AND BACKGROUND**

Influenza pandemics struck three times in the 20<sup>th</sup> century causing varying degrees of increased illness and death over annual influenza outbreaks. Of particular note is the 1918 Pandemic, oft referred to as the Spanish Flu, where upwards of 50 million people died around the world and untold number of illnesses along with catastrophic disruption to society as a whole. It is likely that another influenza pandemic will occur sometime in the future. The State of Arizona needs to be prepared for such an event.

According to the World Health Organization (WHO), “An influenza pandemic (or global pandemic) occurs when a new influenza virus subtype appears, against which no one is immune.” In past pandemics, influenza viruses have spread worldwide within months, and are expected to spread even more quickly given modern travel patterns. There may be as little as one to six months warning before outbreaks begin in the United States. Outbreaks are expected to occur simultaneously, preventing shifts in resources that commonly occur in other natural disasters. An influenza pandemic is considered to be a high-probability event, and some experts consider it to be inevitable.

In Arizona, an influenza pandemic would result in numerous persons ill with influenza. The number of persons hospitalized would exceed the capacity of these institutions. Additionally, the number of deaths due to influenza like illness (ILI) would rise above regular influenza season rates. The Arizona Influenza Pandemic Response Plan was developed to promote an effective and coordinated response, from the interpandemic period through the end of the pandemic period.

To prepare for the next pandemic, public health officials from around the world have initiated the planning process. The development of Arizona’s plan is a coordinated effort and is based on the U.S. Department of Health and Human Services’ *Pandemic Influenza Plan, November 2005* <http://www.hhs.gov/pandemicflu/plan/> and the *Pandemic Influenza Incident Annex to the State Emergency Response and Recovery Plan (SERRP)*.

## **2.1 ORGANIZATION OF THE PLAN**

This plan is an Annex to the Arizona Department of Health Services Emergency Response Plan. The response activities will be carried out in collaboration with the Arizona Division of Emergency Management and local health departments and other local, state and federal agencies and organizations.

International and national pandemic planning is divided into four periods and a total of six phases that range from the absence of a new virus subtype to resolution of the pandemic. The periods are:

- **Interpandemic (Phases 1 and 2)**
- **Pandemic Alert (Phase 3, 4 and 5)**
- **Pandemic (Phase 6)**
- **Postpandemic**

See Appendix B for definitions of the phases within the periods listed.

The Arizona plan follows the WHO phase guidelines and the national HHS model of prescribing necessary activities and identifying responsible parties by the first three periods containing six phases. The main plan provides a general overview of the ADHS response followed by 13 subject specific supplements.

### **3.0 SITUATION AND ASSUMPTIONS**

The development of the Arizona Influenza Pandemic Response Plan is based on the following assumptions:

- An influenza pandemic is likely to occur sometime in the future
- A new virus subtype will likely emerge in a country other than the United States, although a novel strain could first emerge in the United States.
- Although there may be isolated pockets, the pandemic could affect all geographic areas of the state.
- When the pandemic occurs, vaccines and medicines will be in short supply and will have to be allocated on a priority basis.
- The federal government has assumed responsibility for devising a liability program for vaccine manufacturers and persons administering the vaccine
- Arizona's temporary residents, winter visitors, migrant workers and tourists will create a potential vaccination target population of nearly double that of the permanent resident population.
- The emergency response element will require the substantial interaction of state and local agencies in addition to the local health departments.
- Response to the demand for services will require non-standard approaches, including:
  - Discharge of all but critically ill hospital patients
  - Expansion of hospital capacity by using all available space and equipment on the hospital campus
  - Adjust patient-to-hospital staff ratio
  - Recruitment of volunteers who can provide custodial services under the general supervision of health and medical workers
  - Relaxation of practitioner licensure requirements as deemed appropriate
  - Utilization of general purpose and special needs shelters as temporary health facilities.
  - Expansion of mortuary services capacity



- The federal government has assumed responsibility for developing “generic” guidelines and information templates, including fact sheets, triage and treatment of influenza patient protocols, and guidelines for the distribution and use of antiviral agents that can be modified at the state and local level. Until these are developed and available, the state has the responsibility to develop such guidelines for its citizens.
- Secondary bacterial infections following influenza illness may stress antibiotic supplies.

#### **4.0. CONCEPT OF OPERATIONS**

The Pandemic Flu response strategy involves the following elements:

- Federal guidance and direction
- Local support
- Public Health Incident Management System (PHIMS)
- Statewide Emergency Response
- Liability
- Tribal Activities
- Border Activities
- Special Populations
- Executive and Regional Planning Committees
- Response Activity Supplements
  1. Surveillance and Epidemiology
  2. Laboratory Diagnostics
  3. Healthcare Coordination and Surge Capacity
  4. Infection Control
  5. Clinical Guidelines
  6. Vaccine Distribution and Use
  7. Antiviral Drug Distribution and Use
  8. Community Disease Control and Prevention
  9. Managing Travel-Related Risk of Disease Transmission
  10. Public Health Communications
  11. Workforce Support: Psychosocial Considerations and Information Needs
  12. Influenza Pandemic Information Management
  13. Guidance for County and Tribal Health Departments

#### **4.1 FEDERAL GUIDANCE AND DIRECTION**

As the pandemic develops, the World Health Organization (WHO) will notify the Centers for Disease Control and Prevention (CDC) and other national health agencies on the progress of the pandemic. CDC will communicate with ADHS and other state and territorial health departments about pandemic stages, information about the virus (laboratory findings), vaccine availability, recommendations for prioritizing vaccine and antivirals/antibiotics, national response coordination and other recommended strategies for pandemic detection, control and response.

ADHS serves as the main conduit for communications with the CDC for all statewide parties.

## **4.2 LOCAL SUPPORT**

There is integration between local and state emergency management structure. The primary response is at the local level with coordination and support from ADHS. Local health departments (LHDs) (including county and tribal health departments) will carry out the components of the pandemic flu response in their communities. Each county is expected to have its own pandemic flu plan that is consistent with the Department's plan. Necessary local health department actions are detailed in the Response Activity Supplements. Examples of local health departments' activities include: conducting flu surveillance in their jurisdictions; distributing and administering flu vaccine, if available; and responding to all crises in their jurisdiction, such as healthcare facility surge capacity, public inquiry and media requests, etc.

ADHS will provide support to the local health departments if their resources are exceeded. Additionally, ADHS will provide regular updates on pandemic status and response activities to the local health departments, through conference calls, Secure Integrated Response Electronic Notification (SIREN) (see Supplement 12) postings, health alerts and other avenues.

## **4.3 PUBLIC HEALTH INCIDENT MANAGEMENT SYSTEM (PHIMS)**

The ADHS incident management structure used in the Department is the "Public Health Incident Management System," or PHIMS, as described in the ADHS Public Health Emergency Response Plan. Please refer to Appendix C – PHIMS Description. This structure is compliant with the National Incident Management System (NIMS) and is in place but inactivated during normal day-to-day operations. In the event of an emergency or when activities become overwhelming, the Director, will assign an Incident Commander within Public Health Services to coordinate the Department's activities and report to the command staff. The command staff and the Incident Commander work together to keep the Agency Administrator (Director) well informed. It is also essential to coordinate with the local health departments and other agencies.

The PHIMS command staff will devise the overall structure and responsibilities of "command and control" operations. The command staff will oversee planning, response, recovery, and mitigation efforts.

## **4.4 STATEWIDE EMERGENCY RESPONSE**

If the Governor declares a State of Emergency, the State's emergency management structure is put into place (refer to the State Emergency Response and Recovery Plan (SERRP)) [http://www.dem.state.az.us/preparedness/SERRP/SERRP\\_Layout\\_Index.html](http://www.dem.state.az.us/preparedness/SERRP/SERRP_Layout_Index.html) According to the *Pandemic Influenza Incident Annex* of the SERRP, the ADHS is listed as the primary agency and will provide the Incident Commander to oversee all of the statewide activities. ADEM will operate the State Emergency Operations Center (SEOC) and provide other logistical support. ADHS and ADEM will work together, in conjunction with local health departments, local

emergency management, and other partners and stakeholders. The responsibilities of agencies will increase with each successive stage of the pandemic.

In addition to the SERRP, which is designed to provide support to the State's counties and cities, each State agency has written a Business Continuity Plan (BCP). The goal of the BCP is to assist each state agency to prepare for, mitigate, respond to and recover from an emergency event capable of either causing significant injuries to employees or the public or disrupting normal business operations and damaging the environment. The BCP strategic planning process began several years ago and as of 2006 has entered into a third phase of planning. This level emphasizes that each agency identify its critical business functions and identify or establish interdependency among agencies to support the resumption of these functions. The highly infectious characteristics of an influenza pandemic represent an incident that could limit the available workforce and have a substantial effect on these services.

#### **4.5     LIABILITY**

There are several state references to the liability of volunteers in the event of a state of war emergency or a state of emergency. (for Federal, see Authorities in Appendix D)

Under ARS § 26-310 Use of Professional Skills, during a state of war emergency or state of emergency, any person holding any license, certificate, or other permit issued by any state evidencing the meeting of qualifications of such state for professional skills may render aid involving such skill to meet the emergency as fully as if such license had been issued in this state.

Under ARS § 23-901.06 Volunteer Workers, In addition to persons defined as employees under section 23-901, volunteer workers of a county, city, town, or other political subdivision of the state may be deemed to be employees and entitled to the benefits provided by this chapter upon the passage of a resolution or ordinance by the political subdivision defining the nature and type of volunteer work and workers to be entitled to such benefits. The basis for computing compensation benefits and premium payments shall be four hundred dollars per month.

Under ARS § 26-314, Immunity of state, political subdivisions and officers, agents and emergency workers; limitation rules, The Department, (ADHS) or any other state agency, will not be liable for any claim based upon the exercise or performance, or the failure to exercise or perform, a discretionary function or duty by an emergency worker, engaging in emergency management activities or performing emergency functions. This state and its departments, agencies, boards and commissions and all other political subdivisions that supervise or control emergency workers engaging in emergency activities or emergency functions are responsible for providing for liability coverage, including legal defense, of an emergency worker if necessary. Coverage provided if the emergency worker is acting within the course and scope of assigned duties and is engaged in an authorized activity, except for actions of willful misconduct, gross negligence or bad faith.

#### **4.6 TRIBAL ACTIVITIES**

For several years, preparedness activities and coordination have taken place among ADHS, the Arizona tribes, Indian Health Service, county health departments and the Intertribal Council of Arizona (ITCA). This includes writing response plans, attending training opportunities and furthering the development of mass vaccination strategies and resources. Due to the varied nature of public health services for the 21 different Indian Nations in Arizona (e.g., tribal health agency-only, IHS-only, tribal agency-IHS combination), this plan does not provide specific response actions at the tribal level. ADHS is completing an additional supplement (Supplement 13) which provides general guidance for both county and tribal health agencies to assist these entities in the creation of their respective plans.

The Indian Health Service (IHS) Area Offices are in the process of completing their influenza pandemic response plans. In turn, each Service Area will develop a plan for their respective facility.

#### **4.7 BORDER ACTIVITIES**

In the event of a Binational public health emergency, the ADHS Office of Border Health (OBH) serves as the conduit for communication and coordination with the Sonoran state health department. The OBH shares disease surveillance information with the Secretaria de Salud de Sonora (Sonoran State Health Department), specifically with the State Epidemiologists, as well as with local border health authorities via secure email, telephone, and/or fax.

The OBH is instrumental in coordinating Binational emergency preparedness and response planning with the Arizona border county Health Departments, the Tohono O'odham Nation, Indian Health Services, and the Sonora State and municipal health departments in the Arizona-Sonora border region. The OBH is currently conducting SIREN training with the State and local health department personnel in Sonora to improve Binational disease surveillance, communication and emergency preparedness and planning coordinating efforts through increased utilization of SIREN. OBH is also coordinating planning with U.S. Border Patrol.

#### **4.8 SPECIAL POPULATIONS**

In April of 2005, ADHS completed a study that covered demographics and effective risk communication needs of special populations in Arizona (<http://www.azdhs.gov/phs/edc/edrp/es/pdf/adhsspecialpopstudy.pdf>). Special populations include those persons who are physically disabled, mentally impaired, the elderly, those that live in rural communities or whose primary language is not English. Commonly used methods of risk communication may not reach or have little impact among these persons and therefore more creative measures are needed. Accurate translation of risk communication materials and use of community agencies and spokespersons to provide key messages were among those approaches identified that would be effective to communicate to various special needs populations.

## 4.9 EXECUTIVE AND ARIZONA REGIONAL COORDINATING COMMITTEES

The State Epidemiologist and the Chief of Public Health Preparedness are the ADHS co-chairs of the ADHS Executive Pandemic Planning Committee. This committee is comprised of members from the following Bureaus: Epidemiology and Disease Control, State Laboratory, Emergency Preparedness and Response (BEPR), and Public Information. BEPR will ensure that the Arizona Influenza Pandemic Response Plan is maintained, reviewed, and revised annually.

The Arizona Regional Coordinating Committee planning meetings are coordinated with the Public Health Region meetings. There are four regions and the meetings are held quarterly. Participants in the region meetings include public health, emergency medical services (EMS), emergency management and local hospitals.

## 4.10 RESPONSE ACTIVITY SUPPLEMENTS

The heart of the Arizona Influenza Pandemic Response Plan is the Response Activity Supplements. The following gives general information about concepts and activities in the Response Activity Supplements, which are attached to this plan following the Appendices. These Supplements are subject-area specific and provide very detailed planning and response activities. The activities listed are subject to change and will be updated with changes in planning assumptions, response capacities, or information on potential pandemic strains and subsequent disease.

### 4.10a *Supplement 1: Surveillance and Epidemiology*

Arizona's influenza surveillance system, which monitors influenza activity in the state, will provide the surveillance data needed to guide response efforts during a pandemic. Supplement 1 provides a summary of influenza surveillance activities conducted during normal influenza seasons as well as proposed enhancements to surveillance that would be implemented in the event of a pandemic.

Period	Primary Actions
<i>Interpandemic/Pandemic Alert</i>	Virologic surveillance during interpandemic influenza season
	Disease surveillance during interpandemic influenza season
	Surveillance for novel strains of influenza during the Pandemic Alert Period
	Veterinary Surveillance
	Preparedness planning for virologic and disease surveillance during a pandemic
	Management of patients infected with novel strains of influenza and their contacts

<i>Pandemic</i>	Enhanced surveillance
	Scaled-back surveillance

#### 4.10b *Supplement 2: Laboratory Diagnostics*

The public health laboratory is a critical component of the overall public health response to an influenza pandemic. The capability of differentiating common influenza from pandemic influenza depends upon the rapid detection and characterization that is available only at public health laboratories. Supplement 2 identifies the role of clinical and hospital laboratories and the State Public Health Laboratory as well as recommended activities.

Period	Primary Actions
<i>Interpandemic/Pandemic Alert</i>	Laboratory support for seasonal influenza surveillance
	Laboratory testing for novel influenza subtypes
	Laboratory planning to support the response to an influenza pandemic
<i>Pandemic</i>	Laboratory support for disease surveillance
	Laboratory support for clinicians
	Biocontainment procedures
	Occupational health issues for laboratory workers

#### 4.10c *Supplement 3: Healthcare Coordination and Surge Capacity*

The healthcare system in Arizona will experience significant strains on its resources during a pandemic. Supplement 3 describes the planning and actions necessary for the provision of care in hospitals and other healthcare settings including surge capacity and mortuary issues.

Period	Primary Actions
<i>Interpandemic/Pandemic Alert</i>	Provision of care in hospitals
	Provision of care in non-hospital settings
<i>Pandemic</i>	Activating the facility's influenza pandemic response plan

#### 4.10d *Supplement 4: Infection Control*

The ability to limit transmission of the influenza virus in healthcare settings will rely heavily on the appropriate and thorough application of infection control measures. Supplement 4 provides guidance to healthcare and public health partners on the basic principles of infection control including personal protective equipment for limiting the spread of pandemic influenza.

Primary Information and Recommendations:
Basic infection control principles for preventing the spread of pandemic influenza in healthcare settings
Management of infectious patients
Infection control practices for healthcare personnel
Occupational health issues
Reducing exposure of persons at risk for complications of pandemic influenza
Healthcare setting specific guidance
Care of pandemic influenza patients in the home
Care of pandemic influenza patients at alternative sites
Infection control in schools and workplaces
Infection control in community settings

#### 4.10e *Supplement 5: Clinical Guidelines*

The role of clinical guidelines magnifies itself during a pandemic from its use during a normal influenza season but involves the same components. Early identification and appropriate medical intervention are essential. Supplement 5 focuses on the initial screening, assessment and management of patients who present from the community with fever and/or respiratory symptoms during the pandemic periods.

Period	Primary Actions
<i>Interpandemic/Pandemic Alert</i>	Criteria for evaluation of patients with possible novel influenza
	Initial management of patients who meet the criteria for novel influenza
	Management of patients who test positive for novel influenza
	Management of patients who test positive for seasonal influenza
	Management of patients who test negative for novel influenza
<i>Pandemic</i>	Criteria for patients with possible pandemic influenza
	Initial management of patients who meet the criteria for pandemic influenza
	Clinical management of pandemic influenza patients

#### 4.10f *Supplement 6: Vaccine Distribution and Use*

Before an influenza vaccine that is effective against the circulating pandemic virus strain is made available, criteria for its use must be established based upon scientific information as well as projections of available supply. Supplement 6 provides actions and recommendations to state and local partners and other stakeholders on planning for the different elements of a pandemic vaccination program.

Period	Primary Actions
<i>Interpandemic/Pandemic Alert</i>	Vaccination against seasonal influenza virus strains
	Preparedness planning for vaccination against a pandemic influenza virus
<i>Pandemic</i>	Ensure statewide vaccination systems are ready for activation
	Receive, distribute, deliver vaccine to providers and population, as defined by priority levels and vaccine availability
	Monitor use, safety, and effectiveness of vaccine

#### 4.10 g *Supplement 7: Antiviral Drug Distribution and Use*

Appropriate use of antivirals during an influenza pandemic may reduce morbidity and mortality and diminish the overwhelming demands that will be placed on the healthcare system. Supplement 7 provides recommendations to state and local partners and to healthcare providers in Arizona on the distribution and use of antiviral drugs for treatment and prophylaxis during an influenza pandemic.

Period	Primary Actions
<i>Interpandemic/Pandemic Alert</i>	Use of antivirals in management of cases of novel influenza
	Preparedness planning for use of antivirals during a pandemic
<i>Pandemic</i>	Re-assess priority groups to receive available antivirals
	Distribute antivirals from local caches and national stockpiles
	Monitor use and effectiveness of antivirals



#### 4.10h *Supplement 8: Community Disease Control and Prevention*

For the purposes of this response plan, “Isolation” refers to the separation of an individual with influenza from non-infected individuals. “Quarantine” refers to the separation of an individual or individuals exposed to influenza from non-infected and non-exposed individuals. As the phases of an influenza pandemic progress, use of quarantine to suspend transmission may have limited success and broader community containment measures may be utilized. Supplement 8 defines and lists strategies and activities for implementation of community containment measures to be used during a pandemic. Supplement 8 also contains legal preparedness templates.

Period	Primary Actions
<i>Interpandemic/Pandemic Alert</i>	Community preparedness for implementation of pandemic influenza containment measures
	Containment of small clusters of infection with novel strains of influenza
<i>Pandemic</i>	Containment measures for individuals
	Community-based containment measures

#### 4.10i *Supplement 9: Managing Travel-Related Risk of Disease Transmission*

In a world of modern air travel and a relatively short incubation period of the influenza virus disease spread will likely be rapid during an influenza pandemic. Supplement 9 details travel-related containment strategies and activities to be used during different phases of an influenza pandemic.

Period	Primary Actions
<i>Interpandemic/Pandemic Alert</i>	Preparedness for implementation of travel-related containment measures
	Health information for travelers
	Evaluation of travel-related cases of infection with novel strains of influenza
	Preventing the importation of infected birds and animals
<i>Pandemic</i>	Travel-related containment measures
	De-escalation of travel-related control measures

#### 4.10j *Supplement 10: Public Health Communications*

Solid tools and approaches of proven risk communication methods are an essential component to education and action by all affected during an influenza pandemic. The overarching goal of the Communications Strategy is to provide timely, accurate and pertinent information to the public and other stakeholders. Supplement 10 covers education and information dissemination to the general public, healthcare providers, response agencies and organizations, community leaders, and other groups of individuals.

Period	Primary Actions
<i>Interpandemic/Pandemic Alert</i>	Assessing communication capacity and needs
	Conducting collaborative planning
	Developing and testing standard state and local procedures for disseminating information
	Developing, testing and disseminating locally tailored Interpandemic messages and materials
<i>Pandemic</i>	Activating emergency communications plans
	Refining and delivering messages
	Providing timely, accurate information
	Providing coordinated communications leadership across jurisdictional tiers (e.g. local, regional, state, national)
	Promptly addressing rumors, misperceptions, stigmatization and unrealistic expectations about the capacity of public and private health providers

#### 4.10k *Supplement 11: Workforce Support: Psychosocial Considerations and Information Needs*

The response to an influenza pandemic will pose substantial physical, personal, social and emotional challenges to healthcare providers, public health officials and other essential service workers. Supplement 11 addresses the psychological and social (“psychosocial”) needs of the occupational groups that will participate in the Arizona response to an influenza pandemic.

Period	Primary Actions
<i>Interpandemic/Pandemic Alert</i>	Institutionalizing psychosocial support systems
	Preparing workforce support materials
	Developing workforce resilience programs
<i>Pandemic</i>	Delivering psychosocial support services
	Providing information to responders

#### 4.10l *Supplement 12: Influenza Pandemic Information Management*

Public Health Informatics is the systemic study of information in the public health system. Specifically, how it is captured, retrieved and used in making decisions as well as the tools and methods used to manage this information and support decisions. Supplement 12 describes the role and activities for informatics systems that support surveillance, vaccine and pharmaceutical delivery, emergency response and communications needs during an influenza pandemic.

Period	Primary Actions
<i>Interpandemic/Pandemic Alert</i>	Enhance and continue use of electronic surveillance systems
	Maintain public information on AZ 211
	Conduct inventory of all equipment and information gathering/tracking systems
	Test alerting and communications systems
	Prepare for Health Emergency Operations Center operations
<i>Pandemic</i>	Use of event-specific collaborative communication portals
	Activate identified volunteers
	Maintain communication of Health Emergency Operations Center with State Emergency Operations Center
	Continue use of Health Alert Network notifications and communications

#### 4.10m *Supplement 13: Guidance for County and Tribal Health Departments*

Supplement 13 is a guidance document designed to assist county and tribal health departments in detailing the local health responsibilities during an influenza pandemic in accordance with the Arizona Influenza Pandemic Response Plan.

### 4.11 ETHICAL CONSIDERATIONS

In a situation such as an influenza pandemic, there will likely be a shortage of medical personnel and resources such as vaccines, antivirals and hospital bed space. Under these conditions, ethical considerations become apparent as decisions regarding which persons receive the scarce resources must be made. In addition, enforcing isolation and quarantine measures and anticipating the amount of risk medical personnel are willing to take, are issues that also involve ethical components such as civil liberties and professional codes of conduct.

Processes and policies for these and other areas should be carefully considered and fairly implemented. Close collaboration with community leaders and the Department's legal council in developing these approaches is essential. Public education programs covering the rationale for such decisions can improve their effectiveness.

## **5.0 ORGANIZATIONAL ROLES AND RESPONSIBILITIES**

### **5.1 STATE GOVERNMENT**

#### ***Governor's Office***

- May declare a State of Emergency
- May consider issuing an Enhanced Surveillance Advisory
- May order the Strategic National Stockpile if needed

#### ***Arizona Department of Health Services***

- Submit weekly reports of statewide influenza activity to the CDC and the Office of the Governor
- Monitor national or global influenza activity through CDC reports or conference calls
- Enact enhanced surveillance and laboratory recommendations from CDC or WHO
- Monitor surveillance data for the state
- Disseminate influenza information to clinicians, local health departments, and other stakeholders; ensure posting of regular influenza activity reports on the health department's website throughout the influenza season
- Provide isolation and quarantine information to stakeholders and the governor
- Implement plan for storing and delivering vaccine as it becomes available to ADHS
- Meet with stakeholders to discuss potential need to increase antiviral and anti-microbial supplies and increase role of pharmacists in vaccine delivery
- Make recommendation to request medical resources from the Strategic National Stockpile (SNS)
- Monitor VAERS data
- Assist counties in planning mass vaccination activities
- Create press releases for the media
- Utilize the Health Alert Network (HAN) to communicate with county health officials, hospitals, physicians, laboratory directors, community health centers, childcare centers, schools and the media
- Provide influenza training to medical providers
- Develop public education programs and materials, along with a timeline and plan for distribution
- Process submitted respiratory specimens and subtype isolates
- Ensure that representative and unusual viral isolates are sent to CDC for appropriate testing

***Arizona Division of Emergency Management (ADEM)***

- Operate the State Emergency Operations Center (SEOC)
- In the event of a state-wide emergency, procure needed logistical resources

***State Board of Funeral Directors and Embalmers***

- Oversee and assist in the management of increased deaths and burial activities

***State Board of Pharmacy***

- Provide guidance regarding proper certification and utilization of pharmacists in an emergency response (ex. mass vaccination clinics)

***Arizona Department of Economic Security***

- CPS program-assist with the placement of orphans in foster care

**5.2 LOCAL GOVERNMENT**

***County Emergency Management***

- Operate the County Emergency Operations Center (CEOC)
- Maintain contact with the State Emergency Operations Center (SEOC)

***County Health Departments***

- Recruit sentinel sites and other reporting sources as appropriate to the pandemic phase/level
- Ensure timely and consistent reporting from sentinel sites and other reporting sources
- Provide county surveillance information to state surveillance personnel; maintain regular communications with state surveillance personnel
- Conduct additional primary surveillance as needed
- Set-up and administer mass vaccination sites
- Implement Isolation and Quarantine as needed

***Metropolitan Medical Response System (MMRS)***

- Administer vaccine to first responder and law enforcement communities
- Assist in providing PPE to first responder and law enforcement personnel

**5.3 FEDERAL GOVERNMENT**

***Centers for Disease Control and Prevention***

- Provide on-going surveillance updates and guidance
- Provide criteria for influenza vaccine and antiviral use
- Provide local assistance as requested
- Consult with vaccine and antiviral manufacturers on availability
- Investigate alternative resources (manufacturers) of vaccine and antivirals

### ***Indian Health Service (IHS)***

#### **IHS Area Offices**

- Work with ADHS, tribes and counties in influenza pandemic response planning
- Supply framework and oversight for Service Units in developing their influenza pandemic response plans
- Provide behavioral health support to service unit patients and hospital staff as needed
- Translation of patient and visitor information (if needed) for service units
- Provide training to service units to enable them to develop their own programs
- Consult with tribes to provide guidance, oversight, and implementation of quarantine on tribal lands

#### **IHS Service Units**

- Prepare their individual influenza pandemic response plans that address the following criteria:
  - Hospital Surveillance
  - Communications
  - Triage, clinical evaluation and admission procedures
  - Triggers for surge capacity
  - Prioritization of vaccine administration
  - Education and training for hospital personnel
  - How the facility will participate in the community plan for distribution of vaccine or antiviral drugs
  - Security
  - Mortuary Issues
  - Occupational Health Issues

#### ***Food and Drug Administration***

- Oversee the safety and viability of vaccines and pharmaceuticals

### **5.4 PRIVATE ORGANIZATIONS/VOLUNTEER ORGANIZATIONS**

- Supply resources and volunteers for mass dispensing sites

## **6.0 APPENDICES**

- A. List of Acronyms
- B. World Health Organization (WHO) Pandemic Phases 2005
- C. PHIMS Description & Organizational Chart
- D. Legal Authorities

## **7.0 RESPONSE ACTIVITY SUPPLEMENTS**

- 1. Surveillance and Epidemiology
- 2. Laboratory Diagnostics
- 3. Healthcare Coordination and Surge Capacity
- 4. Infection Control
- 5. Clinical Guidelines
- 6. Vaccine Distribution and Use
- 7. Antiviral Drug Distribution and Use
- 8. Community Disease Control and Prevention
- 9. Managing Travel-Related Risk of Disease Transmission
- 10. Public Health Communications
- 11. Workforce Support: Psychosocial Considerations and Information Needs
- 12. Influenza Pandemic Information Management
- 13. Guidance for County and Tribal Health Departments

## **APPENDIX A**

### **LIST OF ACRONYMS**

**AAC** – Arizona Administrative Code  
**ADEM** – Arizona Division of Emergency Management  
**ADES** – Arizona Department of Economic Security  
**ADHS** – Arizona Department of Health Services  
**AEFI** – Adverse Events Following Immunization  
**AH1, AH3, AH5, AH7** – Types of Influenza A Virus (H=Hemagglutinin)  
**AIPO** – Arizona Immunization Program Office  
**AOMA** – Arizona Osteopathic Medical Association  
**APHIS** – Animal and Plant Health Inspection Service  
**ARMA** – Arizona Medical Association  
**ARC** – American Red Cross  
**ARS** – Arizona Revised Statutes  
**ASIIS** – Arizona State Immunization Information System  
**ASL** – Arizona State Public Health Laboratory  
**AZ211** – Arizona 2-1-1 Online  
**AzVOAD** – Arizona Voluntary Organizations Active in Disasters  
**AzVOL** – Arizona Veterinary Diagnostic Laboratory  
**BCP** – Business Continuity Plan  
**BEPR** – Bureau of Emergency Preparedness and Response  
**BSL** – Laboratory Biosafety Level  
**CBER** – Center for Biologics Evaluation and Research  
**CBRNE** – Chemical Biological Radiological Nuclear Explosive  
**CDC** – Centers for Disease Control and Prevention  
**CEOC** – County Emergency Operations Center  
**CHC** – Community Health Center  
**CHD** – County Health Department  
**CIR** – Community Information and Referral  
**CISA** – Clinical Immunization Safety Assessment  
**CISM** – Critical Incident Stress Management  
**CSTE** – Council of State and Territorial Epidemiologists  
**DBHS** – Division of Behavioral Health Services  
**DMAT** – Disaster Medical Assistance Teams  
**DMORT** – Disaster Mortuary Operational Response Teams  
**DOD** – Department of Defense  
**EAP** – Employee Assistance Program  
**EDC** – Epidemiology and Disease Control  
**EDR** – Electronic Death Registration  
**EIP** – Emerging Infections Program  
**ELR** – Electronic Laboratory Reporting  
**EMSCOM** – Emergency Medical Systems Communications



**EPA** – Environmental Protection Agency  
**EPI-X** – Epidemic Information Exchange  
**ESAR-VHP** – Emergency System for the Advanced Reporting of Volunteer Health Professionals  
**EMS** – Emergency Medical Services  
**EWIDS** – Early Warning Infectious Disease Surveillance  
**FEMA** – Federal Emergency Management Agency  
**FDA** – Food and Drug Administration  
**H5-N1** – Avian Influenza A  
**HAN** – Health Alert Network  
**HAZMAT** – Hazardous Materials  
**HEICS** – Hospital Emergency Incident Command System  
**HHS** – U.S. Department of Health and Human Services  
**HPAI** – Highly Pathogenic Avian Influenza  
**IDES** – Infectious Disease Epidemiology Section  
**HEOC** – Health Emergency Operations Center  
**HI** – Hemagglutination Inhibition  
**ICS** – Incident Command System  
**IDES** – Infectious Disease Epidemiology Section  
**ILI** – Influenza Like Illness  
**IHS** – Indian Health Service  
**IND** – Investigational New Drug  
**IRB** – Institutional Review Board  
**ITCA** – Intertribal Council of Arizona  
**ITS** – Information Technology Services  
**JENC** – Joint Emergency News Center  
**JIC** – Joint Information Center  
**JTF-CS** – Joint Task Force Civil Support  
**KAB** – Knowledge, Attitude and Beliefs  
**LHD** – Local Health Department  
**LIMS** – Laboratory Information Management System  
**LITS** – Laboratory Information Tracking System  
**MAM** – MEDSIS Arbovirus Module  
**MEDSIS** – Medical Electronic Disease Surveillance Intelligence System  
**MMRS** – Metropolitan Medical Response System  
**NCHS** – National Center for Health Statistics  
**NDMS** – National Disaster Medical System  
**NIMS** – National Incident Management System  
**NMRT** – National Medical Response Team  
**NDSS** – National Notifiable Disease Surveillance System  
**NRDMS** – National Retail Data Monitoring System  
**NREVSS** – National Respiratory and Enteric Virus Surveillance  
**NRP** – National Response Plan  
**NVPO** – National Vaccine Program Office  
**NVSN** – New Vaccine Surveillance Network

**OEP** – Office of Emergency Preparedness  
**OIDS** – Office of Infectious Disease Services  
**OTC** – Over the Counter  
**PHILS** – Public Health Information System  
**PHIMS** – Public Health Incident Management System  
**PIO** - Public Information Officer  
**PPE** – Personal Protective Equipment  
**Q & A** – Question and Answer(s)  
**RACES** – Radio Amateur Civil Emergency Service  
**RBHA** – Regional Behavioral Health Authority  
**RRT** – Rapid Response Team  
**RT - PCR** – Real Time - Polymerase Chain Reaction  
**SARS** – Severe Acute Respiratory Syndrome  
**SEOC** – State Emergency Operations Center  
**SERRP** – State Emergency Response and Recovery Plan  
**SIREN** – Secure Integrated Response Electronic Notification  
**SNS** – Strategic National Stockpile  
**UA** – University of Arizona  
**USDA** – United States Department of Agriculture  
**USNORTHCOM** – United States Northern Command  
**USPS** – United States Public Health Service  
**VA** – Veterans Administration  
**VACMAN** – Vaccine Management System  
**VAERS** – Vaccine Adverse Event Reporting System  
**VAPPC** – Vaccine and Antiviral Prioritization Policy Committee  
**VFC** – Vaccines For Children Program  
**VS** – Veterinary Services  
**WHO** – World Health Organization  
**WMD** - Weapons of Mass Destruction

## APPENDIX B

### New World Health Organization (WHO) Pandemic Phases – May 2005

#### **Interpandemic Period –**

##### Phase 1

No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

##### Phase 2

No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

#### **Pandemic Alert Period –**

##### Phase 3

Human infections with a new subtype, but no human-to-human spread or at most rare instances of spread to a close contact.

##### Phase 4

Small cluster(s) with human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

##### Phase 5

Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk)

#### **Pandemic period -**

##### Phase 6

Pandemic phase increased and sustained transmission in general population.

#### **Postpandemic period –**

Return to interpandemic period

## APPENDIX C

### PHIMS Organization

The **Public Health Incident Management System (PHIMS)** is the Department's Incident Management System. It is an organizational framework within which the Department responds to an emergency that is consistent with the National Incident Management System (NIMS). During an emergency, Department resources such as personnel and supplies as well as activities, may need to be mobilized across programs. The PHIMS response utilizes a structure that fosters communications between the tactical (front line responders) and through a chain-of-command. This structure is NIMS compliant.

#### **PHIMS Staff**

(See the Influenza Pandemic PHIMS Response Organizational Chart located after this introduction as a visual example)

The **Agency Administrator** consists of the Department Director or their designee who oversees the response. A **Public Policy Advisory Group** may be assembled as needed and is comprised of selected Department Response Sector Leaders (Division Directors, Bureau and Office Chiefs) to assist the Agency Administrator in developing public policy recommendations. The Agency Administrator then assigns an **Incident Commander** who is responsible for managing the Department's response activities by coordinating the Operations, Planning, Logistics and Finance/Administration sections. In addition, this individual develops the Public Health Incident Action Plan (IAP) in conjunction with the Planning Section

The Incident Commander is supported by a command staff that is represented by the State Epidemiologist, Information Officer, Liaison Officer, Safety Officer and a Chief for each of the Operations, Planning, Logistics and Finance/Administration sections.

The PHIMS **Command Staff** is comprised of an **Information Officer**, **Liaison Officer** and a **Safety Officer**. The Information Officer develops material, has it reviewed internally and releases it to the media. The Liaison Officer maintains relations between the Department and outside agencies and the Safety Officer oversees the safety of the response.

The **PHIMS General Staff** includes Operations, Planning, Logistics, and Finance/Administrative responsibilities. These responsibilities remain with the Incident Commander (IC) until they are assigned to other individuals. When the Operations, Planning, Logistics or Finance/Administrative responsibilities are established as separate functions under the IC, they are managed by a section chief and can be supported by other functional units (Group Supervisors and Unit Leads)

- The **Operations Staff** is responsible for carrying out the response activities described in the Incident Action Plan (IAP). The Operations Section Chief coordinates Operation Section activities and has primary responsibility for receiving and implementing the IAP. The Operations Section Chief reports to the Incident Commander and determines the required resources and organizational structure within the Operations Section. Here are some examples of activities that the Operations Section might be involved in:

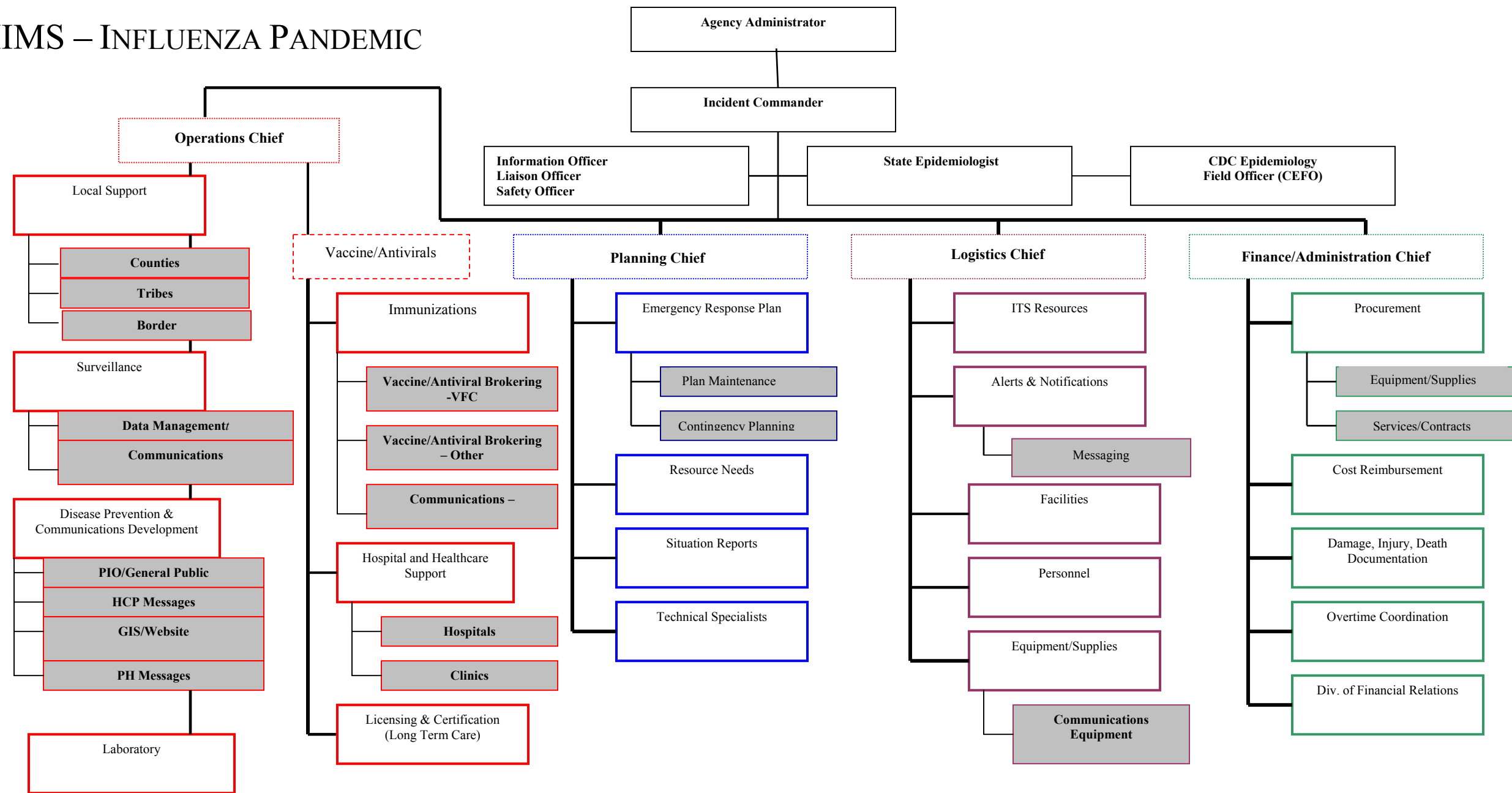
- Conduct human case surveillance and characterize an outbreak
- Conduct human case follow-up
- Disseminate data (cases, geographical distribution)
- Handle public, media and healthcare provider inquiries
- Develop messages covering clinical information and prevention
- Oversee funding to counties for activities
- Make regular updates to local health departments
- Identify need and broker vaccine/antivirals
- Provide Behavioral Health Services to ADHS staff
- Determine needs of Arizona hospitals
- The **Planning** Staff is responsible for the collection, evaluation, dissemination and use of information about the development of the incident and status of resources. This section's responsibilities also include creation of the Incident Action Plan (IAP) which defines the response activities and resource utilizations for a specified time period.
  - Development of IAP
  - Compilation of PHIMS Updates/Briefs into the weekly/daily Situation Report
  - Reports to the Governor's Office
- The **Logistics** Staff is responsible for providing additional facilities, services, and materials for the incident response.
  - Additional equipment for HEOC, Communications, Call Center, etc.
  - Facilities
  - Personnel (above and beyond routine need)
- The **Finance and Administration** Staff is responsible for all financial, administrative, and cost analysis aspects of the incident.

- Procurement of items/services
- Maintenance of contracts

The modular organization of PHIMS allows responders to scale their efforts and apply the parts of the PHIMS structure that best meet the demands of the incident. For example, many incidents will never require the activation of Planning, Logistics, or Finance/Administration Sections, while others, such as influenza pandemic, will require some or all of them to be established.

Communications occurs across groups, but also comes directly to one's supervisor and subsequently to the Section Chiefs and Command Staff. The Section Chiefs and Command Staff meet as needed to use information to make decisions. Information from these meetings and regular updates are incorporated into Situation Reports that are disseminated by e-mail to the entire response network to keep everyone up to date and anticipate future issues.

# PHIMS – INFLUENZA PANDEMIC



**APPENDIX D**  
**Legal Authorities**

<b>STATUTORY AUTHORITY</b>		
<b>STATUTE</b>	<b>AGENCY</b>	<b>AUTHORITY</b>
U.S. Public Law 93-288	Federal Government	<ul style="list-style-type: none"> <li>Provides authority to respond to emergencies and provide assistance to protect public health; implemented by Federal Emergency Management Act</li> </ul>
USC Title 42-264	Federal Government	<ul style="list-style-type: none"> <li>Provides the U.S. Surgeon General the authority to apprehend and examine any individual(s) reasonably believed to be infected with a communicable disease for purposes of preventing the introduction, transmission, or spread of such communicable disease only:               <ol style="list-style-type: none"> <li>if the person(s) is moving or about to move from state to state.</li> <li>if the person, upon examination, is found to be infected, he may be detained for such time and in such manner as may be reasonably necessary.</li> </ol> </li> </ul>
USC Title 42-139 Sec. 14503	Federal Government	<ul style="list-style-type: none"> <li>Liability protection for volunteers – No volunteer of a non-profit organization or governmental entity shall be liable for harm caused by an act of omission of the volunteer on behalf of the organization or entity.</li> </ul>
ARS § 36-782	Governor	<ul style="list-style-type: none"> <li>In consultation with the Director of ADHS, may issue an enhanced surveillance advisory.</li> </ul>
ARS § 35-192	Governor	<ul style="list-style-type: none"> <li>Allows Governor to declare a state of emergency.</li> </ul>
ARS § 26-303	Governor	<ul style="list-style-type: none"> <li>Gives Governor authority over state agencies and the right to exercise police power.</li> <li>Allows Governor to delegate authority to adjutant general.</li> </ul>
ARS § 26-310	Division of Emergency Management	<ul style="list-style-type: none"> <li>Allows any person holding any license, certificate, or other permit issued by any other state to render aid to meet the emergency as fully as if such license had been issued in this state.</li> </ul>
ARS § 26-311	Division of Emergency Management	<ul style="list-style-type: none"> <li>Protects state employees, volunteers, and employees from other states against liability claims while performing duty's during a state of emergency.</li> </ul>
ARS § 36-136	Arizona Department of Health Services	<ul style="list-style-type: none"> <li>Powers and duties of the Director</li> </ul>



STATUTE	AGENCY	AUTHORITY
ARS § 782	Arizona Department of Health Services	<ul style="list-style-type: none"> <li>Defines an Enhanced Surveillance Advisory</li> </ul>
ARS § 36-787(A)(6)	Arizona Department of Health Services	<ul style="list-style-type: none"> <li>Establishes in conjunction with applicable licensing boards a process for temporary waiver of the professional licensure requirements to address the state of emergency or state of war emergency.</li> </ul>
ARS § 787(A) (7)	Arizona Department of Health Services	<ul style="list-style-type: none"> <li>Grants temporary waivers of health care institution licensure requirements to address the state of emergency or state of war emergency.</li> </ul>
ARS § 788	Arizona Department of Health Services/County Health Departments	<ul style="list-style-type: none"> <li>Describes the authorities for isolation and quarantine during a state of emergency or state of war emergency.</li> </ul>
ARS § 789	Arizona Department of Health Services/County Health Departments	<ul style="list-style-type: none"> <li>Due process for isolation and quarantine.</li> </ul>
AAC R9-6-204	Arizona Department of Health Services	<ul style="list-style-type: none"> <li>Allows for collection of patient specific information for positive laboratory reports of influenza</li> </ul>
ARS § 36-624	County Health Departments	<ul style="list-style-type: none"> <li>Allows county health departments to adopt quarantine and sanitary measures to prevent the spread of the disease.</li> </ul>
ARS § 36-627	County Health Departments	<ul style="list-style-type: none"> <li>Allows county health departments to assume control of hospitals and other places where infectious or contagious disease exists.</li> <li>Allows county health department to provide temporary hospitals or places of reception for persons with infectious or contagious diseases.</li> </ul>
ARS § 36-628	County Health Departments	<ul style="list-style-type: none"> <li>Allows county health departments to employ physicians and others they deem necessary to provide care for persons afflicted with contagious or infectious diseases.</li> </ul>
ARS § 26-311	Local Governments	<ul style="list-style-type: none"> <li>Allows mayors or chairmen of the board of supervisors to declare a local emergency</li> </ul>